

**AN ABNORMAL PSYCHOLOGY SYLLABUS**

---

Presented in Partial Fulfillment of the Requirements  
for the Degree of Master of Arts at Washington and  
Lee University.

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By

William M. Hinton, A. B.

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Approved by:

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\*Starred references are suggested as being especially applicable for parallel or extra curricula reading.

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## Preface

Psychology is a new science, and the trend of abnormal psychology is one of change with each scientific finding. There have been many books published on the subject, some adequate and some inadequate, and there seems to be a vital need for an outline which will pick out the relevant material, raise pertinent questions, at the same time simplifying it so it will not be over the head of the beginner. Thus this study.

The average student upon taking up the study of abnormal psychology has a keen desire to find out something about extreme cases. I have attempted to recognize and meet this desire, at the same time not neglecting the minor twists of personality which play such an important part in mental development, especially during the period of childhood.

The central idea back of such a syllabus is the advantage of active over passive learning. The student instead of sitting with a text book assignment of a certain number of pages has a definite challenge in front of him with adequate sources of material in order to meet the challenge, as well as the opportunity to take note of those points which may seem necessary. This plan should leave

the class period open for intelligent discussion and the introduction of interesting supplementary material by the instructor, instead of a mere lecture or "going over" of material that should have been prepared prior to class time.

This syllabus has been prepared and organized along the same lines as Dr. John J. B. Morgan's book "The Psychology of Abnormal People" and it is the expectation of the writer that it be used in conjunction with the book, though this would not be necessary. It is suggested, however, that at least two of the supplementary references listed be required with each lesson in addition to the reading of the basic text.

It might also be interesting to note that the author has used the outline as given here in his Abnormal Psychology Class at Washington and Lee University, and that it was due to the success of the experiment that he decided to work it out more completely.

William M. Hinton.

Lexington, Virginia.

April 15, 1930.



## Lesson #1. Introduction.

"The normal person is the one who keeps his balance while adjusting to levels of different complexity."

1. If living is adjusting, list some factors which cause maladjustment in the personality of some individuals.
2. At what period in the life time of an individual do mental disorders usually start?
3. In so far as an individual is concerned there are four levels of adjustment. List these and show which are the more important from the standpoint of a study of abnormal psychology.

4. The three criteria for determining normality are:

- (1) The Normative view.
- (2) The pathological view.
- (3) The statistical norm.

(a) Define each view and show which is applicable for use in a study of abnormal psychology.

(b) Draw a normal distribution curve.

5. (a) How much do we really know about the normal individual?

(b) The average family?

(c) The average life?

(d) What are the difficulties involved in a thorough investigation of the above?

6. Abnormal psychology must be scientific; this fact in itself necessitates "The Psychological Approach" in making a study of it.

(1) What is meant by Psychological approach?

(2) See section on Case History.

7. If a certain treatment of a mental disease causes an ultimate cure does this fact necessarily mean that the treatment is correct?

8. "Every treatment of a mental disease is an experiment."

- (1) Does this statement agree or disagree with your answer of question #7?
- (2) Explain your agreement or disagreement as the case may be.

9. Traits of abnormality are located through symptoms.

- (1) Define symptoms briefly.
- (2) What is meant by the statement, "Symptoms often times must be interpreted."
- (3) List the different types of abnormal mental symptoms. State briefly the significance of each.

10. State briefly the advantages to be obtained from a study of abnormal psychology.

- (1) From a social and economic view.
- (2) From an individual personal view.

References:

Morgan: Psychology of Abnormal People.  
Pages 1-10; 21-31.

Taylor: Readings in Abnormal Psychology and  
Mental Hygiene. Pages 12-16.

Pressey: Mental Abnormality and Deficiency.  
Chapter 6.

Bridges: Psychology Normal and Abnormal.  
Chapter II.

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Lesson #2. Historical Background.

"Psychology has had a long past but a comparatively brief history"

Ebbinghaus

1. In any kind of history study there are always outstanding personalities who mold the thought along that particular line. With the above sentence in mind state briefly the importance of each of the following men, showing the influence they have exerted upon the science of abnormal psychology.

(a) Hippocrates:

(b) Galen:

(c) George The Third of England:

(d) Pinel:

(e) Mesmer:

(f) Gall:

(g) Kraepelin:

(h) Ribot:

(i) Janet:

(j) Freud:

(k) Jung:

2. Explain briefly the theory of Demoniacal possession as held by ancient peoples.

3. Explain the organic and functional points of view. In a study of abnormal psychology is it necessary that we accept either one or the other as such?

4. Define briefly the following:

- (a) Exercism.
- (b) Witches.
- (c) Phrenology.
- (d) Mesmerism.

References:

- Conklin: Principles of Abnormal Psychology.  
Chapter 18.
- Morgan: Psychology of Abnormal People.  
Pages 10-17.
- Taylor: Readings in Abnormal Psychology and Mental  
Hygiene. Pages: 93-94.
- Bridges: Psychology Normal and Abnormal.  
Chapter 1.
- Meminger: The Human Mind.  
Pages 7-15.

Lesson #3 (History Cont.)

1. The following case is cited by Dr. William S. Sadler in his book "The Mind at Mischief", published by Funk and Wagnalls Co.

"Not long ago I had the case of a workman who had lost the sight of one eye when a small piece of steel was blown into it. The steel was removed, but the man could not see with that eye, although several expert specialists could find nothing wrong with it. It was evidently a case of "hysterical blindness"--a figment of the man's imagination. Therefore, remembering the rule that what is caused by the mind can be cured by the mind, I set to work to relieve him by that method.

The patient contended that the steel had not all been removed from his eye. Accordingly, I told him of a powerful magnet that could draw a piece of steel out of the eye from half-way across the room, and made preparations, calculated to prepare his mind. Three times a day I had him come to my office, and the nurse dropped a little boric acid into his eye. There happened to be an electrician working around the place, and the patient was given to understand that this was in connection with installing the wonderful magnet that was to restore his sight.

At the end of five days he was told that everything was ready. Meanwhile I had borrowed a magnet for the occasion. I carefully placed the patient and explained that when he saw some red lights across the room, the magnet would be working and his sight would be instantly restored.

That is exactly what happened. When the red lights flashed on, he exclaimed, "Thank God, I can see."

We had bandaged the other eye so he could know he was cured. Of course the magnet was not connected with the circuit at all. It was a pure case of building up his expectation and his faith. Anything else that would have made him believe that he was going to be cured would have done just as well."

- (a) With the works of what man listed in lesson #2 does the above case more or less apply to?
- (b) What light does a case of this kind throw upon the so-called faith cures and mystical healing?



**References:**

**Sadler:** The Mind at Mischief.  
Hysteric Blindness and Deafness,  
pages 316-317.

**Conklin:** Principles of Abnormal Psychology.  
Chapter 18.

**Boring:** A History of Experimental Psychology.  
Pages 115-118.

**Janet:** Principles of Psychotherapy.  
Pages 3-10.

Lesson #4. The Disorders of Sensation.

Sight

"These children, who seem to see no light, avoid obstacles put, without their knowledge, in their way, and yet they are not led by touch...they do not look like the really blind...there must be here some kind of perception."

F. Jolly.

1. Our sense organs are the gateways to our nervous systems.
  - (a) Is our reception of sensations in any way limited?
  
  
  
  
  
  
  
  
  
  
  - (b) What other functions do the sense organs have aside from the simple reception of stimuli?
  
  
  
  
  
  
  
  
  
  
2. Why do we study organic visual defects in abnormal psychology?
  
  
  
  
  
  
  
  
  
  
3. Define and give briefly the organic causes of the following:
  - (a) Myopia.
  - (b) Hyperopia.
  - (c) Astigmatism.
  - (d) Presbyopia.
  - (e) Nystagmus.
  - (f) Ophthalmoplegia.
  - (g) Scotomata.
  - (h) Amaurosis.

4. Distinguish between functional and organic disorders of sensation.

5. If functional blindness is due to errors of adjustment between the incoming stimuli and the rest of the personality, what are some of the factors that indicate that blindness of this class may be due to some personality adjustment? Explain briefly the significance of each factor.

6. It is more common for one to become functionally blind in only one eye rather than lose complete sight.

(a) Explain this condition.

(b) Explain the method used in testing unilateral blindness, for actual lack of sight.

(c) Why is functional unilateral blindness not as common as it used to be?

**References:**

Morgan: Psychology of Abnormal People.  
Pages 33-51; 273-276.

Conklin: Principles of Abnormal Psychology.  
Pages 22-26.

Taylor: Readings in Abnormal Psychology and  
Mental Hygiene.  
Pages 354--Eye Symptoms and Emotion.  
" 355--Possibility of Error in  
Identifying Functional  
Disorders.

**Additional Elective Reading:**

McDougall: Outline of Abnormal Psychology.  
Chapt. II.

Lesson #5. Disorders of Sensation (Cont.)

Auditory - Cutaneous - Other Sensory Fields.

1. Distinguish between organic and functional deafness.

2. Explain what is meant by and the importance of:

(a) Increased auditory acuity:

(b) Qualitative changes in audition:

3. Why do the deaf cause a special school problem?

4. Explain briefly the different types of cutaneous sensibility.

5. What does the loss of the kinesthetic sense result in?

6. Try out the tests of the kinesthetic sense (Morgan P. 58) on some member of your class and note any pronounced lack or acuity of kinesthetic sensibility.

7. Study figures 10 and 11 (Morgan Pps. 59 & 60).

(a) Do the areas of functional anesthesia correspond to particular supplied nerve areas?

(b) How may functional anesthetics be induced by suggestion?

8. One characteristic of functional anesthetics is that they are variable in character. Name some of the forms or locations which they may take.

9. See Mr. Morgan's topic on page 65, "Important Considerations in Regard to Disorders of Sensation". Copy them in your syllabus under this question.

10. Define briefly the following terms:

- (a) Anesthesia.
- (b) Anesthesia.
- (c) Kinesthetic.
- (d) Reflex.

**References:**

- Morgan:** Psychology of Abnormal People.  
Pages 51-68.
- Taylor:** Readings in Abnormal Psychology and  
Mental Hygiene. Pages 350-354.
- Sadler:** The Mind at Mischief.  
Page 304, Topic #6.
- Bridges:** Psychology Normal and Abnormal.  
Chapter 7.



Lesson #6. Disorders of Perception.

"Ghostly rappings on the walls and ceilings of my room punctuated unintelligible mumblings of invisible persecutors. Those were long nights."  
Beers.

1. "We shall find that the grossest distortions are merely exaggerations of the types of interpretation that are found in normal perceptions." Thus our brief study of normal perception.

(a) Explain briefly the nature of normal perception and give a specific example from your own experience of how a perception may be formed.

(b) Is your example in (a) of #1 worked out on a genetic basis? If not, is your example thoroughly worked out? Justify your answer.

- (c) Explain the example of Woodworth given in Morgan P. 74, in terms of the contribution of various senses to perception.

2. Define synesthesia, giving examples.

3. Are synesthesias learned? Give points for and against your answer.

4. Mother calls me Willie;  
Sister calls me Will;  
Father calls me William;  
But the fellows call me Bill.

(a) What is a symbol?

(b) Explain the symbolism involved in the above verse.

(c) Explain how emotions may be concealed by symbols.

(d) Why should we exercise special care in interpreting symbols?

5. An illusion is an inexact or inaccurate perception of an actual sense impression.

(a) Explain what are meant by:

(1) The objective stimulus in illusions.

(2) The subjective factors.

Notice figures 12 and 13 on pages 83 and 84 of Morgan.

6. Name and explain briefly the three checks a person may use to determine whether or not his perception is correct.

7. Define briefly the following: (a) Genetic; (b) Illusion; (c) Inate; (d) Symbol; (e) Synesthesia.

References: Morgan, pps. 69-87.  
Conklin, pps. 22-30.  
Taylor, pps. 546-550; 233-245.  
Dashiell: Fundamentals of Objective Psychology,  
Chapt XIII.  
Woodworth: Psychology (Revised) pps. 380-392.  
Bridges: Psychology Normal and Abnormal.  
pps. 129-137.



(3) Taste and smell.

(4) Pain.

(5) Kinesthetic.

(b) Explain the development of hallucinations.

4. Name and explain the peripheral or accidental factors in the development of hallucinations.

5. Name and discuss the central or personality factors in the development of hallucinations.

6. Which are the more important, the factors discussed in topic #4 or topic #5?

7. Explain the treatment of hallucinations by re-education.

References:

- Morgan: Psychology of Abnormal People. Pps. 87-108.
- Conklin: Principles of Abnormal Psychology.  
Pps. 30-42.
- Taylor: Readings in Abnormal Psychology and Mental Hygiene. Chapter 20.
- McDougall: Outline of Abnormal Psychology. Chapt. 21.
- Sadler: The Mind at Mischief. Pp. 241, 243, 288, 336, 339, 340, 341, 342, 343.
- Bridges: Psychology Normal and Abnormal.  
pp. 137-144.

Lesson #8. Disorders of Association.

I love you -- a terrible war -- do you like the opera -- I went to the circus -- his sister was her father -- Japan -- certainly kangaroos -- I'll kiss the cow -- he killed the Kaiser etc.

1. Associations are to mental life what highways, railroads, footpaths, and other means of passage are to geography.

(a) Where does the topic passage fall short when viewed in the light of the important factors of normal association?

2. Show how association is utilized in each of the following activities:

(a) Reverie.

(b) Phantasy.

(c) Classification.

(d) Problem Solving.

3. Explain briefly the part played by inhibitions in thinking.





(b) Retardation.

(c) Blocking.

(d) Flight of ideas.

(e) Circumstantiality.

(f) Incoherence.

References:

- Morgan: Psychology of Abnormal People. Pp. 109-129.  
McDougall: Outline of Abnormal Psychology. Pp. 234-238.  
Taylor: Readings in Abnormal Psychology and Mental Hygiene. Page 188.

Lesson #9. Disorders of Association. (Cont.)

1. Define and classify the following:

(a) Perseveration.

(b) Stereotypy:

(c) Simple persistent ideas.

(d) Fixed ideas.

(e) Obsessions.

2. List in separate columns the points in favor of the neurological explanation of association disorders and those in favor of the psychoanalytic explanation.

3. What is the broad definition of the term complex? Explain briefly how a complex may develop.

4. What man was a pioneer in the methods of studying associations?

5. Explain briefly with examples:

(a) The analytical method.

(b) Rosanoff's frequency index.

(c) The continuous stimulus method.

(d) The Rorschach Test.

6. List briefly some of the causes for association study.

7. Define briefly the following terms:

(a) Agraphia.

(b) Alexia.

(c) Blocking.

(d) Extravert.

(e) Facilitation.

(f) Inhibition.

(g) Introvert.

(h) Phobia.

References:

Morgan: Psychology of Abnormal People.  
Pp. 129-150.

Bridges: Psychology Normal and Abnormal.  
pp. 272-279.

McDougall: Outline of Abnormal Psychology.  
Pp. 227-234.

Taylor: Readings in Abnormal Psychology and  
Mental Hygiene. Pp. 188 and 201.

Sadler: The Mind at Mischief.  
Chapter 27.

Lesson #10. Delusions.

"A delusion is a false belief held in the face of its manifest absurdity."

1. We shall learn that the explanation of delusions is not found in the rational process of the deluded person. The cause lies in some emotional factor and the rational processes are used by the individual as a screen to cover the true nature of the trouble.

(a) Explain the importance of the emotions in delusional development.

(b) Explain the statement "Delusions are errors of belief and not errors of reason."

2. Delusions vary from those which seem very reasonable and which might readily be taken for the truth to those which are seemingly very evident delusions.

(a) With the above statement in mind describe briefly the different types of delusions. Give an example of each type.

3. Distinguish between transient and permanent delusions.

4. "Almost anything that comes within the range of human experience may be incorporated as a part of the content of delusions."

With the above statement in mind explain briefly the following types of delusions:

(a) Delusions of self-accusation.

(b) Nihilistic delusions.

(c) Hypochondriacal delusions.

(d) Delusions of persecution.

(e) Delusions of grandeur.

5. In order to understand why false beliefs are held to in delusions we must understand the nature and relationship of judgment, belief, doubt, and rationalization.

Explain briefly the part played by the following in the formation of delusions:

(a) Nature of judgment

(b) Nature of belief.

(c) The psychology of doubt.

(d) Rationalization.

(e) Delusions as defense mechanisms.

6. Show the importance of each of the following in delusional formation:

(a) Mental deterioration.

(b) Somatic material.

(c) Environmental material.

7. Explain briefly with examples, how delusions may be corrected by re-education of the emotions.

References:

Morgan: Psychology of Abnormal People.  
Chapter 5.

Conklin: Principles of Abnormal Psychology.  
Pp. 68-77.

Bridges: Psychology Normal and Abnormal. Chapt. 17.

Taylor: Readings in Abnormal Psychology and Mental Hygiene, pps. 612-615.

McDougall: Outline of Abnormal Psychology. Chapt. 20.



Lesson #11. Abnormalities of Memory.

1. In a general sense any modification of the organism from experience may be considered memory.
  - (a) Is the above definition the one ordinarily given for memory? Explain your answer.
  
  - (b) Why is it best in a study of abnormal psychology to accept the broader conception?
  
2. What are the two views held as to the permanence of memory traces? What position had we best take in a study of abnormal psychology?
  
3. We must keep in mind that memory is a complete process and that the three phases, learning, retention, and recall are never separate or distinct.
  - (a) Distinguish between conscious and unconscious memories.
  
4. Explain briefly the two different forms of exaggerated memory.
  
  
  
  
  
  
  
  
  
  
5. Explain with examples the causal effects that may lead to amnesia of impression.

6. Explain with examples the causal effects that may lead to amnesia of reproduction.

7. Show how each of the following may effect peculiarities of recall:

(a) Emotional interference.

(b) Forgetting in everyday life.

(c) Pathological forgetting.

(d) Experimental recall:

The part played by:

(1) Automac writing.

(2) Hypnosis.

(3) Crystal gazing.

References:

- Morgan: Psychology of Abnormal People.  
Pp. 181-204.
- Bridges: Psychology normal and Abnormal.  
Chapter 14.
- Taylor: Readings in Abnormal Psychology and  
Mental Hygiene.  
Chapter 7.
- Conklin: Principles of Abnormal Psychology.  
Chapter 3.
- \*Sadler: The Mind at Mischief.  
Chapter 18.



(b) Give briefly some of the theories that have been advanced to account for the functional causes of memory disorders.

5. Some very definite memory tests have been standardized. These tests do not bring out all the facts about memory that we may wish to know and often need supplementary examinations.

(a) Name some of the phases of memory which these standardized tests measure.

6. Define briefly the following terms:

(a) Amentia

(b) Apathy

(c) Defense mechanism.

(d) Dementia.

(e) Hedonism.

(f) Inhibition.

(g) Orientation.

(h) Trauma.

**References:**

Morgan: Psychology of Abnormal People.  
Pp. 204-222.

McDougall: Outline of Abnormal Psychology.  
Pp. 552-556.

Also references given in Lesson 11.

Lesson #13. Emotional Disorders.

"To be, or not to be; that is the question:  
Whether 'tis nobler in the mind to suffer  
The slings and arrows of outrageous fortune,  
Or to take arms against a sea of troubles,  
And by opposing end them."

Shakespeare.

1. Explain what is meant by the autonomic nervous system and the part it plays in the human emotional make-up.

2. Name and describe briefly the different innate emotional patterns.

3. Show with examples how emotional patterns may be learned and how their effects may spread.

4. What is the state of an organism called when it is functioning properly?

5. Explain briefly the following states:

- (a) Euphoria.
- (b) Indifference.
- (c) Depression.

6. Show how the terms defined in statement #5 may act interchangeable in swings of emotional exaltation and depression.



7. Explain why anger is better from the standpoint of normality than fear.

8. Explain what phobias are and the different forms they may take.

References:

Morgan: Psychology of Abnormal People.  
Pp. 223-249.

Bridges: Psychology Normal and Abnormal.  
Chapter 11.

Woodworth: Psychology. (Revised Edition.)  
Chapter 7.

Coster: Psychoanalysis for Normal People.  
Chapters 4 and 5.

Lesson #14. Emotional Disorders. (Cont.)

1. Love is without doubt the most complex emotion that human beings experience.

Explain the development of the emotion of love on a genetic basis.

2. In the light of your genetic development of love, show how such a development leaves "loop-holes" for love perversion. Expand your answer in the light of such perversions as the types of abnormal self love, persistence of childhood loves, persistent love for person of the same sex, perverted attitude toward the opposite sex, abnormal objects of love, and abnormal love manifestations.

3. Show briefly the relation of love and hate.

4. Evaluate the means, now at hand, for examining the emotions.

5. Define briefly the following terms:

- (a) Affective.
- (b) Ambivalence.
- (c) Autoerotism.
- (d) Erogenous.
- (e) Exhibitionism.
- (f) Fetichism.
- (g) Homosexuality.
- (h) Hyperesthesia.
- (i) Inversion.
- (j) Masochism.
- (k) Narcissism.
- (l) Pedophilia.
- (m) Perversion.
- (n) Psychic Traumata.
- (o) Sadism.
- (p) Synapse.

References:

- Morgan: Psychology of Abnormal People.  
Pp. 249-267.
- Sadler: The Mind at Mischief.  
Chapters 5, 6, and 7.
- Moss: Applications of Psychology.  
Chapter 11.
- McDougall: Outline of Abnormal Psychology.  
Chapter 14.
- Taylor: Readings in Abnormal Psychology and  
Mental Hygiene. Pp. 168-187.
- Tredgold: Mental Deficiency.  
Pp. 123-125.
- Pressey: Mental Abnormality and Deficiency.  
Pp. 51-56.

Read at least two of the above references in addition to Morgan and make a brief summary of your findings.

Lesson # 15. Motor Disorders.

"Motor behavior is the last link in the chain of neural activity, for if a person has a delusion, we shall never know it unless his motor organism informs us of the fact."

1. Explain briefly:

- (a) How similar behavior may result from different causes.
- (b) The various sources of motor disorders.
- (c) The importance of interpretation of motor responses.

2. (a) Explain the importance of reflexes in the study of motor disorders.

- (b) Distinguish between and give examples of superficial and deep reflexes.

3. Explain briefly the nature and importance of the following disorders of motor mechanism:
- (a) Tonus -- Its normal form and the form of its disorders.
  - (b) Motor paralysis.
  - (c) Tremors.
  - (d) Ataxias.
  - (e) Convulsive movements.

4. What factors distinguish functional motor disorders from motor disorders?

5. Explain with examples the following forms of functional motor disorders:

- (a) Functional paralysis.
- (b) Catalepsy.
- (c) Compulsive acts.
- (d) Automatic acts.

References:

Morgan: Psychology of Abnormal People.  
Pp. 268 - 296.

Taylor: Readings in Abnormal Psychology and  
Mental Hygiene. Pp. 267 - 289.

Bridges: Psychology Normal and Abnormal.  
Pp. 229 - 233.

McDougall: Outline of Abnormal Psychology.  
Chapters 17 and 18.





4. What part do motor functions play as expressions of personality?

5. Try to determine whether the stuttering of some acquaintance of yours is due to organic trouble or to functional disorders.

6. Explain briefly the following terms:

- (a) Chorea.
- (b) Fetich.
- (c) Paresis.
- (d) Patella.
- (e) Tic.
- (f) Tremor.

References:

- Morgan: Psychology of Abnormal People. Pp. 296-309.
- Taylor: Readings in Abnormal Psychology and Mental Hygiene. Pp. 391-434.
- Bridges: Psychology Normal and Abnormal. Pp. 242-250.

Lesson #17. Abnormalities of Intelligence.

1. Criticize briefly the following topics as definitions of intelligence:

- (a) The economic standard intelligence.
- (b) Excellence of some particular mental process.
- (c) Sum total of specific abilities.
- (d) Ability to adjust to novel situations.

2. Explain briefly what is meant by:

- (a) The social criteria of intelligence.
- (b) The clinical criteria of intelligence.
- (c) The criteria of mental tests.

3. Which of the three criteria listed in question #2 is usually the determining factor in determining mental abnormality?

4. Distinguish between Amentia and Dementia.

5. A large portion of the aments never show distinguishing characteristics beyond the fact that they are of deficient mentality; however, a small portion do show distinguishing anatomical characteristics, among which are the microcephalic, hydrocephalic, macrocephalic, mongolian, and cretin.

Describe the above types, giving their causal factors.

6. Give with causes, some of the types of dementia.

7. Define briefly the following:

- (a) Pseudo-dementia.
- (b) Supernormal intelligence.
- (c) Idiot-savant.
- (d) Moron.
- (e) Imbecile.

**References:**

- Morgan: Psychology of Abnormal People. Pp. 310-331.
- Taylor: Readings in Abnormal Psychology and Mental Hygiene. Pp. 5-7.
- Conklin: Principles of Abnormal Psychology. Chapt. 17.
- Pressey: Mental Abnormality and Deficiency. Chapt. 10.



2. (a) Explain how mental age and I. Q. are obtained.

(b) What mental status do the following I.Q.'s signify?

165

63

21

98

101

119

38

82

3. Show how our criteria of feeble-mindedness has changed.

4. What evidence have we to prove that feeble-mindedness is inherited?

5. Do the feebleminded involve a special educational problem?  
If so, state the nature of and a possible solution to it.

6. State briefly and concretely the present status of the  
feebleminded problem.

References:

- Morgan: Psychology of Abnormal People.  
Pp. 331-347.
- Bridges: Psychology Normal and Abnormal.  
Pp. 407 - 423.
- Pintner: Intelligence Testing.  
Chapters 1, 2, 3, 5, 6, 7, 8, 9, 20.
- Wells: Mental Tests in Clinical Practice.  
See Table of contents for particular  
Points.
- Goldard: The Kallikak Family.
- Dugdale: The Jukes.
- Menninger: The Human Mind.  
Pp. 42-56.





4. What part do individual differences play in the development of personality? List some individual differences in the personal equipment of the child.

5. Show briefly how lack of material possessions may cause personality maladjustment.

6. Show how each of the following family relationships may cause personality maladjustments:

(a) Dominance of one person.

(b) Unfortunate family groups.

7. Show how adjustments to the family may be the pattern for later adjustments outside the home.

References:

- Morgan: Psychology of Abnormal People.  
Pp. 349-373.
- Bagby: The Psychology of Personality.  
Chapters 1 and 2.
- Bridges: Psychology Normal and Abnormal.  
Pp. 449-464.
- Dashiell: Fundamentals of Objective Psychology.  
Pp. 549-562.
- Woodworth: Psychology. (Revised.)  
Chapter 13.



4. Describe briefly the different kinetic types.

5. Explain with examples some of the social reaction types.

6. In the light of the integration failures just studied explain the importance of integration in mental life.

References:

- Morgan: Psychology of Abnormal People.  
pp. 373-393.
- Taylor: Readings in Abnormal Psychology and  
Mental Hygiene. Chapter 16.
- Bagby: The Psychology of Abnormal People.  
Chapters 3 and 13.
- Bridges: Psychology Normal and Abnormal.  
Pp. 464-473.
- McDougall: Outline of Abnormal Psychology.  
Chapter 33.

Lesson #21. Sleep and Dreams.

For even a soldier's cares can be lost in sleep.

1. Define sleep briefly, giving some of the physiological changes that accompany it.

2. Expand briefly the following topics:

- (a) The depth of sleep.
- (b) The kinds of sleep.
- (c) Effects of sleep deprivation.
- (d) Is there any such thing as complete insomnia?
- (e) From a psychological point of view, sleep is an escape from reality.

3. List and explain briefly some of the characteristics of dreams.

4. List in separate columns the points for and against Freud's Theory of Dreams. Justify your points.

5. Do dreams reflect the mental life of the dreamer? Show how dreams may indicate personality characteristics.

6. Are dreams always confined to the neural processes? If not, give examples of any other responses they may make.

References:

- Morgan: The Psychology of Abnormal People.  
Chapter 11.
- Bridges: Psychology Normal and Abnormal.  
Chapter 23.
- Conklin: Principles of Abnormal Psychology.  
Chapter 15.
- Taylor: Readings in Abnormal Psychology and  
Mental Hygiene. Chapter 21.
- Moss: Applications of Psychology. Pp. 31-34.
- McDougall: Outline of Abnormal Psychology.  
Chapters 7, 8, 9.
- Coster: Psychoanalysis for Normal People.  
Chapt. 7.



Lesson #22. Suggestibility.

"The essential factor in hypnosis is suggestibility."

1. Do you accept the definition of suggestibility "as an attitude", as superior to the definition of Parmelee or of Janet? Justify your answer.

2. Give examples showing how suggestibility may be explained by facilitation.

3. Show how it is possible for a suggestible attitude to be learned.

4. Explain extreme suggestibility in terms of its being a response to incidental circumstances.

5. List some of the reasons advanced for the automatic nature of extreme suggestibility.

6. What change has recently taken place in the interpretation of the facts of suggestibility?

7. What suggestions have you to make to teach a child to maintain a proper balance between suggestibility and negativism?

**References:**

Morgan: Psychology of Abnormal People.  
pp. 430-445.

Taylor: Readings in Abnormal Psychology and  
Mental Hygiene. Chapter 18.

McDougall: Outline of Abnormal Psychology.  
Chapter 6.

Bridges: Psychology Normal and Abnormal.  
pp. 314-321.

Lesson #23. Hypnosis.

Mesmer lit the flame.

1. Trace briefly the part played by the following men in the developmental history of hypnosis.

(a) Mesmer

(b) Braid

(c) Esdaile

2. List some of the factors that tended to cause hypnosis to be adopted by charlatans.

3. In the light of the present day attitude toward hypnosis explain the following topics:

(a) The bad repute of suggestive therapeutics.

(b) Suggestion with persons of low intelligence.

(c) Hypoanalysis.

4. Is there any supernatural power involved in the use of such methods as stroking the subject, making passes without contact, employing the method of fixed gaze, using auditory stimuli and galvanic current to produce a condition of hypnosis? What is the real basis for their effectiveness?

5. List and explain the steps in the psychological analysis of hypnosis.

6. Explain the meaning and the importance of the terms artificial somnambulism and post-hypnotic suggestion.

7. Answer the following questions giving reasons for your answers.

- (a) Should untrained people attempt to hypnotize?
- (b) Who can be hypnotized?
- (c) Is hypnotism dangerous?

8. Give briefly your conclusions as to the advantages and disadvantages of hypnotism from the standpoint of psychology.

References:

- Morgan: The Psychology of Abnormal People.  
Pp. 445-470.
- Sadler: The Mind at Mischief.  
Chapter 20.
- Taylor: Readings in Abnormal Psychology and  
Mental Hygiene. Chapter 19.
- Conklin: Principles of Abnormal Psychology.  
Chapter 12.
- McDougall: Outline of Abnormal Psychology.  
Chapter 4.
- Bridges: Psychology Normal and Abnormal.  
Pp. 321-324.



Lesson #24. Hysteria.

"We must keep in mind that hysteria is essentially a personality disorder."

1. Explain the facts or fact that makes hysteria purely a psychological problem.

2. Explain and give an example of minor hysteria.

3. Hysteria may manifest itself in many different ways and forms. Describe briefly with examples the following:

(a) Somnambulisms.

(b) Fugues

(c) Multiple Personalities.

(d) Convulsive Attacks.

(e) Motor disorders.

(f) Anesthetics.

(g) Visual and Auditory Disorders.

(h) Visceral Troubles.

**(i) Respiratory Disorders.**

**References:**

**Morgan:** The Psychology of Abnormal People.  
Pp. 470-489.

**Taylor:** Readings in Abnormal Psychology and  
Mental Hygiene.  
Pp. 66-72.

Lesson #25. Hysteria. (Cont.)

1. List the outstanding characteristics of the theories of hysteria as advanced by:

- (a) Charcot.
- (b) Janet.
- (c) Babinski.
- (d) Freud.

2. With the above theories as a background evolve an explanation of hysteria.

3. List some of the probably personality traits of hystericals.

4. Trace the stages in the development of hysteria. Make a hypothetical case showing how hysteria might develop in the case of a football player who is rather lacking in "backbone."

5. Evaluate the following methods of hysteria treatment:

- (a) Punishment.
- (b) Analysis.
- (c) Reeducation.

6. Show how and why the prevention of hysteria is an educational problem.

References:

- Morgan: The Psychology of Abnormal People.  
pp. 489-505.
- Conklin: Principles of Abnormal Psychology.  
Chapters 7 and 8.
- Morgan: The Mind at Mischief.  
Chapter 22.
- Bridges: Psychology Normal and Abnormal.  
Pp. 486-490.
- Menninger: The Human Mind.  
Pp. 129-134.



4. Explain briefly the different characteristic reactions of the different forms of schizophrenia.

5. Explain briefly the following personality characteristics of regressive individuals.

(a) Introvertive.

(b) Non-suggestibility.

(c) Affective insufficiency.



(d) Lack of aggressiveness.

(e) Absent-mindedness.

6. Note and evaluate the different phases of simple schizophrenia.

7. Note and evaluate the different characteristics of hebephrenic schizophrenia.

8. Explain the statement "In examining regressive behavior, prevention rather than cure becomes the important consideration."

References:

- Morgan: The Psychology of Abnormal People.  
Pp. 506-533.
- Pressey: Mental Abnormality and Deficiency.  
Pp. 147-164.
- Taylor: Readings in Abnormal Psychology and  
Mental Hygiene. Pp. 46-61.
- Henry: Essentials of Psychiatry. Chapter 6.
- Conklin: Principles of Abnormal Psychology.  
Pp. 80-90.
- McDougall: Outline of Abnormal Psychology.  
Chapter 23.
- Bridges: Psychology Normal and Abnormal.  
Pp. 498-502.



4. Show and explain some of the forms that compensation may take without involving necessarily any marked personality disintegration.

5. List and explain briefly some of the factors that tend to produce abnormal manifestations of compensation.





3. Distinguish between:

- (a) Hypomania.
- (b) Acute mania.
- (c) Hyperacute mania.

4. Work out an interpretation of the manic-depressive disorders in the light of the following statements:

- (a) It is a defense mechanism.
- (b) It occurs in the extravertive type of person.
- (c) Recovery is usually spontaneous.
- (d) It is the breaking forth of pent-up emotions.

5. Point out the differences between the causal factors of catatonia and those of the manic-depressive psychoses.

6. Describe and interpret briefly:

- (a) Catatonic excitement.
- (b) Catatonic stupor.

7. Outline the steps in the "grand-mal or typical epileptic fit.

8. Explain with examples some epileptic equivalents.



9. What are some of the personality counter-parts of epileptics?

10. Explain briefly:

- (a) Organic epilepsies.
- (b) Psychic epilepsy.
- (c) Aura.
- (d) Enuresis.
- (e) Catatonic.
- (f) Mania.
- (g) Melancholia.
- (h) Petit mal.

Class Notes.

References:

- Morgan: The Psychology of Abnormal People.  
Chapter 16 and Pp. 284-285.
- Pressey: Mental Abnormality and Deficiency.  
Pp. 164-173; 201-208.
- Conklin: Principles of Abnormal Psychology.  
Pp. 93-111.
- Henry: Essentials of Psychiatry.  
Chapter 4.
- Taylor: Readings in Abnormal Psychology and  
Mental Hygiene. Pp. 41-46; 65.
- McDougall: Outline of Abnormal Psychology.  
Chapter 22.
- Bridges: Psychology Normal and Abnormal.  
Pp. 496-498.
- Menninger: The Human Mind. Pp. 97-120.

Lesson #29. Mental Hygiene.

"The proper place for mental hygiene is in childhood."

1. Give with an illustrative example a definition of mental hygiene.

2. Explain what is implied by the statement that physical, mental, and social health are important phases of a rational mental hygiene program.

3. List some of the various types of organizations that have sprung up for the furtherance of mental hygiene.

4. With the idea of mental hygiene in mind, what are some of the arguments for beginning school at an earlier age?

5. List some of the "danger signs" or indicators of needed adjustment.

6. In a school's mental hygiene program explain the part played by (1) the teacher (2) the school counselor (3) the central reference clinic.

7. How has the study of this course changed your attitude toward yourself?

References:

- Morgan: The Psychology of Abnormal People. Chapter 17.
- Pressey: Mental Abnormality and Deficiency. Chapter 15.
- Taylor: Readings in Abnormal Psychology and Mental Hygiene. Chapter 27.
- Myerson: The Psychology of Mental Disorders. Chapter 7.

Lesson #30. Case Study.

"Information about a person's history is usually more important than study of his present condition, in determining a diagnosis."

1. Explain the relative values of case history study to
  - (1) An employment manager, (2) The school psychologist,
  - (3) The social worker.

2. List the different history sub-divisions which must or should be studied individually under (1) History of the family, (2) History of the individual, (3) History of the present crisis.

3. List the points to which we should pay attention in a study of the present condition of an individual.

4. Summarize the significance of the following in case study technique:

- (a) The interview.
- (b) Other sources of information.
- (c) The record.

5. What considerations might come under the head of "common sense" in case study?

6. Write a case study of some actual case you have known or, if preferable, some hypothetical case.

**References:**

Pressey: *Mental Abnormality and Deficiency.*  
Chapters 2, 3, 4, and Appendix A.

Rosanoff: *Manual of Psychiatry.*  
Part 3, chapters 1 and 2.

Tredgold: *Mental Deficiency.*  
Chapters 18 and 19.